

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> United Nurses Associations of California / Union of Health Care Professionals PAC (UNAC PAC)			<b>Date of This Filing</b> <u>02/26/2019</u>  <b>Report No.</b> <u>29509</u>  <input type="checkbox"/> <b>Amendment to Report No.</b> _____ <small>(explain below)</small>  <b>No. of Pages</b> <u>2</u>	Date Stamp     Page 1 of 2	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (909)599-8622	<b>I.D. NUMBER</b> (if applicable) 1295768				
<b>STREET ADDRESS</b>  					
<b>CITY</b> San Dimas	<b>STATE</b> CA	<b>ZIP CODE</b> 91773			

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

### \*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> United Nurses Associations of California / Union of Health Care Professionals PAC (UNAC PAC)			<b>Date of This Filing</b> 02/26/2019	Date Stamp     Page 2 of 2	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (909)599-8622	<b>I.D. NUMBER</b> (if applicable) 1295768	<b>Report No.</b> 29509			
<b>STREET ADDRESS</b>					
<b>CITY</b> San Dimas	<b>STATE</b> CA	<b>ZIP CODE</b> 91773			
			<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
			<b>No. of Pages</b> 2		

## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
02/26/2019	Loretta Sanchez for Orange County Supervisor 2020 Orange, CA 92867  ID# 1414299	Loretta Sanchez County Supervisor District 3 Jurisdiction: County Orange County	\$2,000.00	03/12/2019

Reason for Amendment: